

PRODUCT CARE ASSOCIATION

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Web: www.productcare.org

NOTIFICATION OF ADDRESS CHANGE

Depot Name:	
Depot Phone No.:	
Depot Address:	
Depot Contact:	
Effective Date:	
	Please complete the fields that are changing. This is very important, as ays' notification to the Ministry of Environment before you can start site.
Name:	
Address:	
Email:	
Phone No.:	
Hours:	
Reason for chang	e of location (Please use additional paper if required):
Would you be inter to collect at the ne	ested in more information about other programs that you may be able w site?

What comments do you have on our program?	(Please use additional paper	if required)
What could we do to improve the program in the	e future? (Please use add	itional pap	er if required)
Other Comments: (Please use additional paper if required)			
Have you had any spills or incidents at this site?		□Yes	□No
If yes – please advise date(s)	Was This reported?		
If not reported, why not?			
By signing this form, I verify the above informati	on is correct and con	nplete.	
Print Name	Position		
Signature	Date		

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